

1. Project Title

2. Senate Sponsor

Tom Wright

The Florida Senate Local Funding Initiative Request Fiscal Year 2024-2025

Deltona Water - Sanitary Sewer Collection System Rehabilitation

LFIR # 1428

3. Date of Request	11/17/2023				
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4. Project/Program De	escription				
ability to fund ongoin function as designed is an essential element and renewal is a conmechanical or electric	g/annual rehabilita i, engineered, perment in the managen nmon practice to re ical failures, collaps nabilitation allows t	tion of the collectinitted & constructed ent of a wastewarduce extraneous sed or broken seven be City to remain	ater collection system. S flow and address struct ver pipes, insufficient co compliant with all regul	eater assurances than, maintenance and canitary sewer rehabetural defects, blockatonveyance capacity	at the system will rehabilitation programs bilitation through repair ges, structural, and vandalism. The
5. State Agency to rec	eive requested fu	ı nds Depart	ment of Environmental	Protection	
•	-				
State Agency conta	cted? No				
6. Amount of the Nonr	ecurring Request	for Fiscal Year 2	2024-2025		
Type of Funding			Amo	unt	
Operations				0	
Fixed Capital Outlay				2,000,000	
Total State Funds F	Requested			2,000,000	
7. Total Project Cost fo	or Fiscal Year 202	4-2025 (includin	g matching funds ava	ilable for this proje	ect)
Type of Funding			Amount	Percentage	
Total State Funds Re	equested (from que	estion #6)	2,000,000	100%	
Matching Funds					
Federal			0	0%	
State (excluding the amount of this request)			0	0%	
Local			0	0%	
Other			0	0%	
Total Project Costs	for Fiscal Year 20	024-2025	2,000,000	100%	
8. Has this project pre	eviously received	state funding?	No		
Fiscal Year (уууу-уу)	7	ount	Specific Appropriation #	Vetoed	
(9999-997	Recurring	Nonrecurring	Appropriation #		
9. Is future funding lik	ely to be requeste	ed?	No		
a. If yes, indicate no	onrecurring amou	nt per year.			
b. Describe the sou	rce of funding tha	at can be used ir	n lieu of state funding.		
10. Has the entity requ	uesting this proje	ct received any f	ederal assistance rela	ited to the COVID-1	∮9 pandemic?



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No					
If yes, indicate the	If yes, indicate the amount of funds received and what the funds were used for.				

Complete questions 11 and 12 for Fixed Capital Outlay Projects

- 11. Status of Construction
 - a. What is the current phase of the project?

(•) Planning	Design	Construction	O N/A		
b. Is the project '	'shovel ready" (i.e permitted)?		Yes	
c. What is the es	timated start da	te of construction?		01/01/2024	
d. What is the es	timated comple	tion date of constru	ction?	01/01/2026	

12. List the owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.

Expedited rehabilitation of the lines affords the utility to be responsive to any necessary repairs or relacements; reducting unintended consequences due to back-ups, blockages, clogs and similar. This expedited ability will protect over 7,000 residents & commercial customers.

13. Details on how the requested state funds will be expended

Spending Category	Description	Amount
Administrative Costs:		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/ Other		0
Consultants/Contracted Services/Study		0
Operational Costs: Other		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/ Other		0
Consultants/Contracted Services/Study		0
Fixed Capital Construction/Majo	r Renovation:	
Construction/Renovation/Land/ Planning Engineering	Cost share funding to help the utility expedite rehabilitation of the sanitary sewer collection system. Total project cost estimated at \$4M; with a request for a 50/50 cost share split/share.	2,000,000
Total State Funds Requested (m	ust equal total from question #6)	2,000,000

14. Program Performance

a. What specific purpose or goal will be achieved by the funds requested?

The purpose & goal of this request is to help expedite collection system rehab by increase funding.



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b. What activities and services will be provided to meet the intended purpose of these funds?

Activities & services provided if the funding is afforded the City allows Deltona Water the ability to expedite the rehabilitation of the infrastructure and remain compliant with all regulatory requirements.

c. What direct services will be provided to citizens by the appropriation project?

Sanitary sewer customers will be afforded a level of assurance that rehabilitation of the sanitary sewer lines will mitigate any blockages, clogs or other impacts to the positive flow of sanitary sewer in the lines.

d. Who is the target population served by this project? How many individuals are expected to be served?

Targeted population is approximately 7,000 residential & commercial customers currently on sanitary sewer.

e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?

The expected benefit/outcome is the ability to identify in advance any blockages, clog, damages or other maintenance issues within the sanitary sewer collection system. The measurement would be a reduction in claims of damages due to sanitary sewer backups as well as proactive response to found issues in the system.

f. What are the suggested penalties that the contracting agency may consider in addition to its standard penalties for failing to meet deliverables or performance measures provided for the contract?

If the funding is not utilized in compliance with the Scope of Work, Purchase Order or similar, the City may be required to reimburse any of the cost shared funding received.

15. Requester Contact	t Informati	ion		
a. First Name	Glenn Last Name Whitcomb			
b. Organization	City of De	eltona		
c. E-mail Address	gwhitcom	b@deltonafl.gov		
d. Phone Number	(386)878	-8858	Ext.	
16. Recipient Contact	Informatio	on		
a. Organization	City of De	eltona		
b. Municipality and	d County	Volusia		
c. Organization Ty	pe			
□For Profit Entity				
□Non Profit 501(d	c)(3)			
□Non Profit 501(d	c)(4)			
☑Local Entity				
□University or Co	llege			
☐Other (please sp	pecify)			
d. First Name	Glenn		Last Name	Whitcomb



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e. E-mail Address	gwhitcomb@deltonafl.gov		
f. Phone Number			
17. Lobbyist Contact I			
a. Name	•		
b. Firm Name	GA McKeown & Associates LLC		
c. E-mail Address	ramgam95@gmail.com		
d. Phone Number	(904)303-1611		
-	e the questions below for Water Projects only. for alternative state funding?		
□ Waste Water R	evolving Loan		
□ Drinking Water	Revolving Loan		
☐ Small Commun	ity Wastewater Treatment Grant		
☐ Other (please s	pecify)		
☑ N/A			
19. What is the popula	ation economic status?		
☑ Financially Disa	advantaged Community (ch. 62-552, F.A.C)		
☐ Financially Disa	advantaged Municipality (ch. 62-552, F.A.C)		
☐ Rural Area of E	conomic Concern		
☐ Rural Area of C	Opportunity (s. 288.0656, Florida Statutes)		
□ N/A			
20. What is the status	of construction?		
Anticipate the pur	chase vehicle & equipment in mid 2024.		
21. What percentage o	of the construction has been completed?		
N/A			
22. What is the estima	ted completion date of construction?		
Anticipate delivery	y of vehcile & equipment by 3rd quarter of 2024.		